## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the stantfory requirement set forth in IC 5-2-15-3.

Date:	<u>04-01-2009</u>	Address:	1000 Block E. Taylor	
Case #:	16F-18808		Kokomo, IN 46901	
County:	Howard(34)			
Type of Laboratory Seizure (check one) Scizure Location (check all that apply)				
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Four	nd: Location (bedroom, kitchen, open ai	<u>r, etc)</u>	<del></del> ·· .	
(check all that apply)  Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: 32 oz				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Illydrochloric Acid Gas Generator(s):				
Corrosive Acid: 1 gallon(1/2 full)				
Corrosive Base:				
Other (item and location):				
			•	
Child under age 18 discovered (check one)  Yes (number present)  No  *If yes, fax report to Child Protective Services		Ephedrin Retail/Mo	Investigative Information  Ephedrine/Pseudoephedrine Tracking Log  Retail/Merchant Tip  Other:	
This report	t is to be faxed to the following agen	cies that serve the le	ocation:	
Fire Departs	ment: <u>Kokomo PD.</u>	<u>Fax: N/A</u>		
Health Department: Howard Co. Health Dept.		Fax: Fax: N/A		
Child Proto	ction Service: N/A	_ <del></del>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Mike Lorona</u> Phone <u>765-473-6666</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.